CASE REPORT

Dysgerminoma stage IA.

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Abstract

Virgin 20 years old patient 46 kg 156 cm BMI 19kg/m Has Regular cycle with monarch at 13 year old her medical and surgical history free family history she has diabetic mother the patient came complaining of dull aching abdominal pain and progressive enlargement for 7 months ago complain also from diarrhea no history of weight loss no urinary symptoms or abnormal discharge local examination shows large pelvi abdominal fixed slightly tender mass about 34 week in size.

Pelvi abdominal ultrasound:-
Large heterogeneous pelvi abdominal mass..partially cystic 21×16 cm mostly ovarian ..with minimal ascites

Uterus is average sized with homogeneous echo pattern and focal lesion ..both ovaries can’t assessed

MRI:-
Shows Large Pelvi Abdominal Mass With Solid/Cystic Component With Calcification Extending Ascites. No Pelvic Lymphadenopathy

Laboratory investigation:-
CA125=81.58u/ml it is high

So patient is planned for exploratory laprotomy .
Exploratory laprotomy midline incision and left adnexectomy done with intact capsule. Mass was adherent to uterus and colon

Then peritoneal implantation were excised biopsy, small biopsy from right ovarian tissue was sent for histo pathology with the dissected mass [Possibility Of Malignant Ovarian Mass Lesion Germcelltumuor]

Histo pathology Examination:-
Malignant Germ Cell Tumor Of Ovary – Dysgerminoa

Pathological staging:-
Stage [ IA ]

Management:-
With This IA STAGE Ovary – Dysgerminoa No Need For Any Chemotherapy Or More Surgical Treatment, Only For Closely Observation.

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References:-